

2024-2025 LOAN CHANGE REQUEST FORM

Student Name _____ Student ID# _____

Email _____ Phone _____

Note: This form is required for changes to be made to your student/parent loans. Please note:
NOT ALL CHANGES WILL BE POSSIBLE. Our office will contact you if we cannot complete your request.

Select one of the following: Fall Semester Spring Semester**RETURN ENTIRE CREDIT BALANCE**

I would like to return the entire amount of my credit balance. Please return to my:

 Subsidized loan Unsubsidized loan Parent PLUS loan Graduate PLUS Loan Private loan**RETURN A SPECIFIC AMOUNT**

I would like to return \$ _____ Please return to my:

 Subsidized loan Unsubsidized loan Parent PLUS loan Graduate PLUS Loan Private loan**RETURN ENTIRE LOAN AMOUNT**

I would like to return the entire amount of my (check all that apply):

 Subsidized loan Unsubsidized loan Parent PLUS loan Graduate PLUS Loan Private loan

Special requests: _____

Your request will be processed within 10 business days.

*Your balance may change; you must provide a plan to Student Account Services to pay any resulting balance.
 Failure to pay any resulting balance in a timely manner may result in a hold on your account which can affect
 your ability to register for classes.*

Borrower Signature_____
Date_____
Borrower Printed Name